COMMITTEE'S REPORT (filed by committees that support or oppose one or more candidates and/or propositions and that are not candidate committees) Full Name and Address of Political Committee OFFICE USE ONLY Thomas Jefferson Fund 563795 Monthly 1/1 3515 I-10 Service Road Metairie, LA 70002 Date of Primary This report covers iron 6/1/05 6/30/05 Type of Report _180th day prior to primary 40th day after peneral _90th day prior to primary Annual 30th day prior to primary X Monthly __10th day prior to primary 10th day prior to general Amendment to prior report All Committee Officers (including Chairperson, Treasurer, if any, and any other committee officers) a. <u>Name</u> b. Position c. <u>Addres</u>s Lance J. Albin 3515 I-10 Service Road - Metairie, LA 70002 Chairperson Rickey L. Fabra Treasurer 3515 I-10 Service Road - Metairie, LA 70002 Candidates or Propositions the Committee is Supporting or Opposing (use additional sheets if necessary) Name & Address of Candidate/Description of Proposition b. Office Sought c. Political Party Is the Committee supporting the entire ticket of a political party? Yes If "yes", which party? 7. a. Name of Person Preparing Report Leo A. Guenther, CPA b. Daytime Telephone (504) 887-8381 B. WE HEREBY CERTIFY that the information contained in this report and the attached schedules is true and correct to the best of our knowledge, information and bellet, and that no expenditures have been made nor communions received that have not been reported bettern, and that no Information required to be reported by the Louislana Campaign Finance Disclosure Act has been deliberately omitted. July 2005 (504) 885**-30**54 ignature of Committee/Chaircerson Daytime Telephona Lance J. Albin (504) 885-3054 Daytime Telephone Rickey L. Fabra Form 202, Rev. 3/98, Page Rev. 5/01

SUMMARY PAGE

This Period
- 0 -
- 0 -
This Period
- 0 -
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- 0 -
Amount
2,308,99
- 0 -
- 0 -
2,308.99
2,200,33

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SCHEDULE A-1: CONTRIBUTIONS RECEIVED (other than In-Kind Contributions)

The following information must be provided for all contributions received by the committee during this reporting period, except for in-kind contributions, whether received from a political committee or some other person or entity. Combibutions made by the committee are reported on SCHEDULE E-3: CONTRIBUTIONS MADE TO CANDIDATES. Information on in-kind contributions is reported on SCHEDULE A-2: IN-KIND CONTRIBUTIONS. In Column 1, check "yes" if the contributor is a political committee and "no" if not. For anonymous contributions, see SCHEDULE F. Totals and subtotals at bottom of the page are optional. Completion of totals and subtotals may assist in calculating totals that must be reported on the Summary Page.

1. Name and Address of Contributor

2. Contributions this Reporting Period
a. Date(s)
b. Amount(s)

1. Name and Address of Contributor	Contributions this Reporting Period a. Date(s) b. Amount(s)	3. Total this Year
FRO, MEMBERS		8,738.30
OLITICAL COMMETTEE? YESNO		<u> </u>
POLITICAL COMMITTEE? YES YO		<u> </u>
POLITICAL COMMITTEE? YES NO	<u> </u>	
POLITICAL COMMITTEE?YESNO		
POLITICAL COMMITTÉE? YES NO		
POLITICAL COMMITTEE? YES NO		
POLITICAL COMMITTEE?YESNO		
4. SUBTOTAL (this page)		N/A
5. TOTAL (complete only on last page of this schedule)	- D -	N/A
6. CONTRIBUTIONS FROM POLITICAL COMMITTEES OF		
SUBTOTAL (this page)	TOTAL (complete unity on last page of this schedule)	

Page _1_ of __1_

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SCHEDULE E-3: CONTRIBUTIONS MADE TO CANDIDATES

The following information must be provided for direct contributions made to candidates or their campaign committees, during this reporting period, except for in-kind expenditures. All candidates listed on this schedule should also be listed on the Cover Page In Item 5. Report all In-kind expenditures, including those made to candidates, on SCHEDULE E-2: IN-KIND EXPENDITURES. Totals and subtotals at bottom of the page are optional. Completion of totals and subtotals may assist in calculating totals that must be reported on the Summary Page. 1. Name and Address of Recipient Candidate Contributions Made this Reporting Period a. Date(s) b. Amount(s) NONE 3. SUBTOTAL (optional) 4. TOTAL (optional - complete only on fast page of this schedule) - 0 -Form 202, Rev. 3/98, Page Por. 3/88

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